



Dr. Abiramasundari D.  
 Dr. Ajay R Kaushik  
 Dr. Andrea Jose  
 Dr. Archana Terasa P.  
 Dr. Ashraya Nayaka T.E.  
 Dr. Ashwin Sagi  
 Dr. Chitra Ramamurthy  
 Dr. Fijo Kurakose  
 Dr. Gautam Kukadia  
 Dr. Gitansha Shreyas Sechdev  
 Dr. Gopal R.  
 Dr. Gopinathan G.S.  
 Dr. Hemanth Murthy  
 Dr. Inis  
 Dr. Jaiinder Singh  
 Dr. Jezeela K.  
 Dr. Krishnan R.  
 Dr. Mairunnisa M.  
 Dr. Manjula  
 Dr. Mohamed Faizal S.  
 Dr. Mugdha Kumar  
 Dr. Muralidhar R.  
 Dr. Muralidhar N.S.  
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 Dr. Naveen P.  
 Dr. Neha Prakash Zanjali  
 Dr. Neha Rathi Kamal  
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 Dr. Palli Sandip Dattatray  
 Dr. Pavithra  
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 Dr. Pranesh Ravi  
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 Dr. Preethi  
 Dr. Priyanka R.  
 Dr. Priyanka Anandamoorthi  
 Dr. Priyanka Shyam  
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 Dr. Uma M.  
 Dr. Vamsi K.  
 Dr. Vidhya N.  
 Dr. Vijay Kumar S.



# THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITALS

City Shopping Centre, Kokkirakulam, Trivandrum Road, Tirunelveli - 627 003.

Tel : 0462 435 6655 / 6622

E-mail : tirunelveli@theeyefoundation.com Website : www.theeyefoundation.com

H.O : D.B. Road, Coimbatore - 641 002.



Date: 9/3/24

## Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. Prine Lukepradeep Age 38

Male/Female, our MRNO. 13026245

	OD	OS
Visual Acuity	<u>6/6</u>	<u>6/6</u>
Near Vision	<u>No</u>	<u>No</u>
Colour Vision	<u>Normal</u>	
B.S.V	<u>Normal</u>	
Central Fields	<u>Normal</u>	
Anterior Segment	<u>Normal</u>	
Fundus	<u>Normal</u>	

Medical Consultant,  
 The Eye Foundation,  
 Tirunelveli.

Dr. S. MOHAMMED TAJAL MBBS, CO. FAHL,  
 Medical Superintendent  
 Reg.No. 85747  
 THE EYE FOUNDATION  
 Tirunelveli



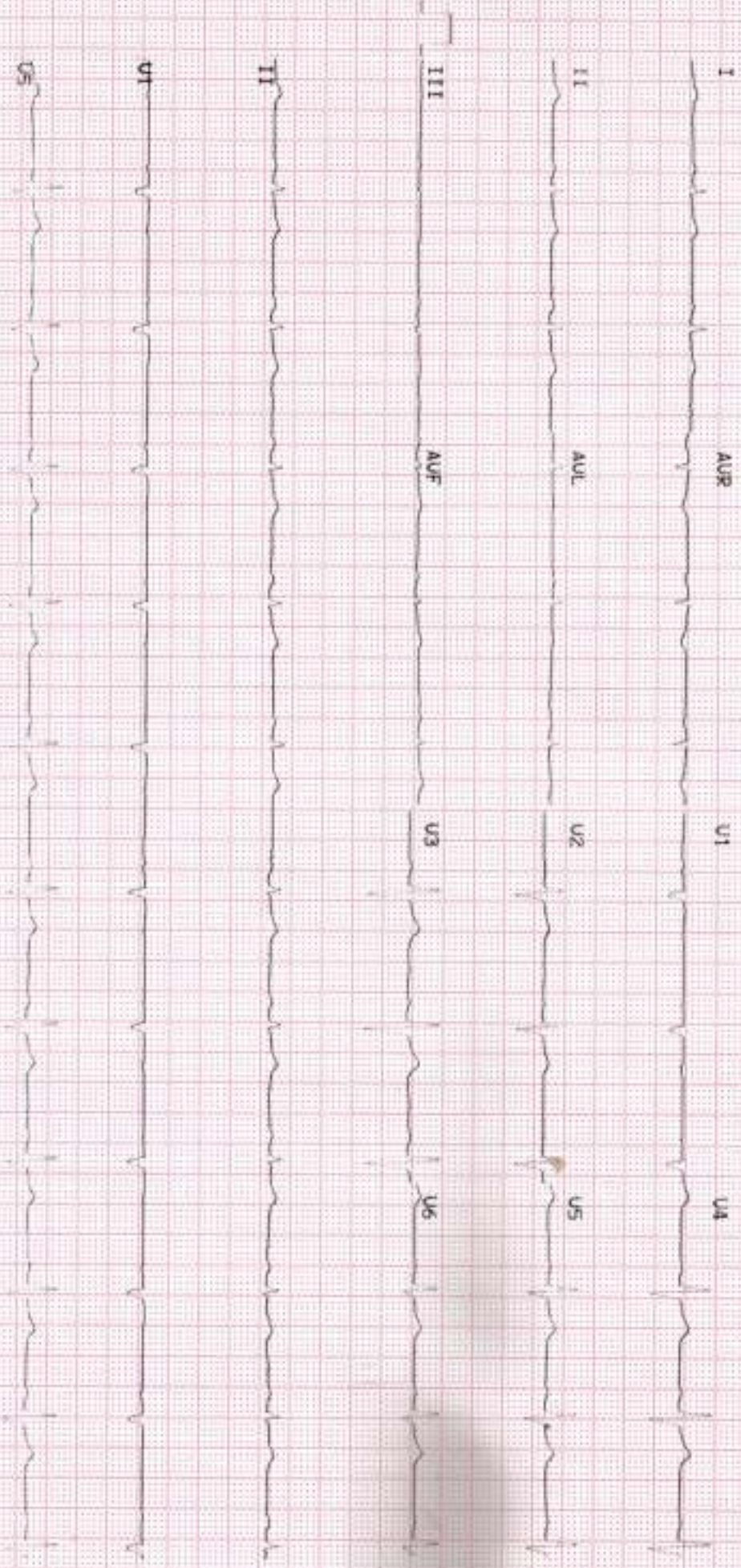
Measurement Results:

QRS	102 ms
QT/QTcB	386 / 404 ms
PR	172 ms
P	120 ms
RR/PP	898 / 905 ms
p/QRS/T	39 / 19 / 47 degrees



Interpretation:  
12SL - Interpretation:  
Normal sinus rhythm  
Normal ECG

Unconfirmed report







**10. Function History**

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes  No
- b. Do you have knee pain when squatting or kneeling? Yes  No
- c. Do you have back pain when forwarding or twisting? Yes  No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes  No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
  - Walking : Yes  No
  - Kneeling : Yes  No
  - Squatting : Yes  No
  - Climbing : Yes  No
  - Sitting : Yes  No
  - Standing : Yes  No
  - Bending : Yes  No
- f. Do you have pain when working with hand tools? Yes  No
- g. Do you experience any difficulty operating machinery? Yes  No
- h. Do you have difficulty operating computer instrument? Yes  No

**B. CLINICAL EXAMINATION :**

Age: 84

a. Height  b. Weight  Blood Pressure  mmhg

Chest measurements: a. Normal  b. Expanded

Waist Circumference  Ear, Nose & Throat

Skin  Respiratory System

Vision  Nervous System

Circulatory System  Genito-urinary System

Gastro-intestinal System  Colour Vision

Disease Particulars of Section B :-

**C. REMARKS OF PATHOLOGICAL TESTS :**

Chest X-ray  ECG

Complete Blood Count  Urine routine

Serum cholesterol  Blood sugar

Blood Group  S.Creatinine

**D. CONCLUSION :**

Any further investigations required  Any precautions suggested

**E. FITNESS CERTIFICATION :**

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except \_\_\_\_\_  
 \_\_\_\_\_ . I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date : 09.03.24

*[Signature]*

*[Signature]*  
 Signature of Medical Adviser  
**Dr. S. MANIKANDAN, M.D., D.M., (Card)**  
 Reg. No: 81785, Consultant Cardiologist.  
**Medall Diagnostics**  
 Tirunelveli - 3.





Name : Mr. PRINCE LUCK PRADEEP  
 PID No. : MED121727034  
 SID No. : 624006328  
 Age / Sex : 38 Year(s) / Male  
 Ref. Dr : MediWheel

Register On : 09/03/2024 9:29 AM  
 Collection On : 09/03/2024 9:55 AM  
 Report On : 09/03/2024 3:21 PM  
 Printed On : 10/03/2024 10:13 AM  
 Type : OP



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Absolute Basophil count</b> (Blood/Impedance Variation & Flow Cytometry)	0.01	10 <sup>3</sup> / $\mu$ l	< 0.2
<b>Platelet Count</b> (Blood/Impedance Variation)	239	10 <sup>3</sup> / $\mu$ l	150 - 450
<b>MPV</b> (Blood/Derived from Impedance)	7.9	fL	7.9 - 13.7
<b>PCT</b> (Automated Blood cell Counter)	0.19	%	0.18 - 0.28
<b>ESR (Erythrocyte Sedimentation Rate)</b> (Blood/Automated ESR analyser)	18	mm/hr	< 15

## BIOCHEMISTRY

<b>BUN / Creatinine Ratio</b>	10.8		
<b>Glucose Fasting (FBS)</b> (Plasma - F/GOD-PAP)	84.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

<b>Glucose Postprandial (PPBS)</b> (Plasma - PP/GOD-PAP)	99.8	mg/dL	70 - 140
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### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

<b>Urine Glucose(PP-2 hours)</b> (Urine - PP)	Negative		Negative
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<b>Blood Urea Nitrogen (BUN)</b> (Serum/Urease UV / derived)	9.3	mg/dL	7.0 - 21
<b>Creatinine</b> (Serum/Modified Jaffe)	0.86	mg/dL	0.9 - 1.3
<b>Uric Acid</b> (Serum/Enzymatic)	6.3	mg/dL	3.5 - 7.2

### Liver Function Test

<b>Bilirubin(Total)</b> (Serum)	0.70	mg/dL	0.1 - 1.2
<b>Bilirubin(Direct)</b> (Serum/Diazotized Sulfanilic Acid)	0.23	mg/dL	0.0 - 0.3
<b>Bilirubin(Indirect)</b> (Serum/Derived)	0.47	mg/dL	0.1 - 1.0
<b>SGOT/AST (Aspartate Aminotransferase)</b> (Serum/Modified IFCC)	37.4	U/L	5 - 40
<b>SGPT/ALT (Alanine Aminotransferase)</b> (Serum)	63.1	U/L	5 - 41
<b>GGT(Gamma Glutamyl Transpeptidase)</b> (Serum/IFCC / Kinetic)	18.1	U/L	< 55
<b>Alkaline Phosphatase (SAP)</b> (Serum/Modified IFCC)	65.7	U/L	53 - 128
<b>Total Protein</b> (Serum/Biuret)	7.42	gm/dL	6.0 - 8.0



*R.L.*  
 Dr.R.Lavanya MD  
 Consultant - Pathologist  
 Reg No: 90632

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Albumin (Serum/Bromocresol green)	4.01	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.41	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.18		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	259.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	130.2	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the usual circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	38.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	195	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	221.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	6.8		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Dr. R. Lavanya MD  
Consultant - Pathologist  
Reg No: 90632



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)</b>	3.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
<b>LDL/HDL Cholesterol Ratio (Serum/Calculated)</b>	5.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

### Glycosylated Haemoglobin (HbA1c)

<b>HbA1C (Whole Blood/Ion exchange HPLC by D10)</b>	5.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

**Estimated Average Glucose (Whole Blood)** 102.54 mg/dL

### **INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

## **IMMUNOASSAY**

### **THYROID PROFILE / TFT**

<b>T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))</b>	1.30	ng/mL	0.7 - 2.04
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### **INTERPRETATION:**

#### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

<b>T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))</b>	9.77	µg/dL	4.2 - 12.0
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### **INTERPRETATION:**

#### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

<b>TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))</b>	2.49	µIU/mL	0.35 - 5.50
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Dr. R. Lavanya MD  
Consultant - Pathologist  
Reg No: 90632



Name	MR.PRINCE LUCK PRADEEP	ID	MED121727034
Age & Gender	38Y/MALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 5.2 cm  
LVID s ... 3.0 cm  
EF ... 72 %  
IVS d ... 1.1 cm  
IVS s ... 1.1cm  
LVPW d ...1.1 cm  
LVPW s ... 1.2cm  
LA ... 3.1cm  
AO ... 2.7cm  
TAPSE ... 29 mm

Left ventricle , Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .

Doppler:



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Age & Gender	38Y/MALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



Mitral valve : E: 0.89m/s                      A: 0.65m/s  
E/A Ratio: 1.37                      E/E: 8.72

Aortic valve: AV Jet velocity: 1.31 m/s

Tricuspid valve: TV Jet velocity: 2.22 m/s      TRPG: 19.58 mmHg.

Pulmonary valve: PV Jet velocity: 1.19m/s

IMPRESSION:

1. Normal chambers & Valves.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Pericardial effusion - Nil.
5. No pulmonary artery hypertension.

A rectangular box containing a handwritten signature in blue ink, which appears to read "Manikandan".

Dr. S.MANIKANDANMD.DM.(Cardio)  
Cardiologist

Name	MR.PRINCE LUCK PRADEEP	ID	MED121727034
Age & Gender	38Y/MALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



Name	MR.PRINCE LUCK PRADEEP	ID	MED121727034
Age & Gender	38Y/MALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



Thanks for your reference

## SONOGRAM REPORT

### WHOLE ABDOMEN

**Liver:** The liver is normal in size (15.2cm). Parenchymal echoes are increased in intensity. No focal lesions. Surface is smooth. There is no intra or extra hepatic biliary ductal dilatation.

**Gallbladder** The gall bladder is normal sized and smooth walled and contains no calculus.

**Pancreas** The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

**Spleen** The spleen is normal.

**Kidneys** The right kidney measures 9.8 x 4.8 cm. Normal architecture. The collecting system is not dilated. The left kidney measures 11.1 x 6.3 cm. Normal architecture.

The collecting system is not dilated.

**Urinary bladder.** The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.



Name	MR.PRINCE LUCK PRADEEP	ID	MED121727034
Age & Gender	38Y/MALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



Prostate: The prostate measures 3.5 x 3.5 x 2.5 cm and is normal sized.  
 Corresponds to a weight of about 16.30 gms.  
 Prostate shows irregular calcifications  
 The seminal vesicles are normal.

There is no free or loculated peritoneal fluid.  
 No para aortic lymphadenopathy is seen.

**IMPRESSION**

- Grade I fatty liver

DR.A. SUJA RAJAN., DMRD, DNB  
 Consultant Radiologist  
 Reg. No:106909.

Name	Mr. PRINCE LUCK PRADEEP	ID	MED121727034
Age & Gender	38Y/M	Visit Date	Mar 9 2024 9:18AM
Ref Doctor	MediWheel		

*Thanks for your reference*

**DIGITAL X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Costo and cardiophrenic angles appear normal.

Bilateral lung fields appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

- i. NOSIGNIFICANTABNORMALITDEMONSTRATED.



DR.R.SUDHAGAR, MBBS., DMRD  
CONSULTANT RADIOLOGIST